MFT-6 R (2-00, R-3)

Application Required by NJ Motor Fuel Tax Law

STATE OF NEW JERSEY Division of Taxation MOTOR FUEL TAX PO Box 189 Trenton, NJ 08695-0189

USE FOR RENEWAL ONLY

APPLICATION FOR RENEWAL OF A STORAGE FACILITY OPERATOR'S LICENSE

Application is hereby made by the undersigned for renewal of a Storage Facility Operator's License to operate in the State of New Jersey in compliance with Chapter 39 of Title 54, Taxation, of the Revised Statutes and the Acts amendatory thereof and supplemental thereto. This renewal is for a period of one (1) year. A payment of the fee of \$150.00 must accompany this application. Make check or money order made payable to: State of New Jersey-MFT, on or before April 1.

Make any necessary changes below for 1 - 5						
1. FID#	OR So	c. Sec. # of owner	-	-		
2. Name(If INCORP	ORATED - give Corp. Name; IF	NOT - give Last Name.	First Name, MI of owner(s))			
3. Trade Name				ant from form address)		
4. Business Location:	Name Street					
Street						
					City	State
Zip Code Give 9-digit Zip)		Zip Code	(Give 9-c	- ligit Zip)		
Please fill in all information below:						
6. Type of ownership (check one):						
☐ NJ Corporation ☐ Sole Proprie	tor	Out-o	of-State Corporation	☐ Limited Par	rtnership	
☐ Other - explain						
7. Telephone Numbers: Contact Person	Telephone Numbers: Contact Person		Title			
Daytime: ()	Ext	Evening: ()	Ext		
8. Provide the following information for ALL ow	ners, partners or responsib	le corporate officer	rs. (If more space is ne	eded, attach rider).		
NAME SOCIAL SECU				%		
(Last Name, First, M.I.)	TITLE		(Street, City, 2	Zip)	OWNED	
NOTE: On a separate sheet of paper provide the n	ames of stockholders own	ing 10% or more of	the outstanding shares	of stock in the corpo	oration.	
9. List parent company, wholly owned subsidiaries	s, and/or affiliates					

	n number 11 must be completed by out-of-state businesse Give name, title and telephone number of person charged w records kept		s and location where reports are prepared and			
11.	Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by lette from agent).					
12.	State kind of products handled:					
13.	New Jersey Storage Facilities (a) List each tank, capacity, and location owned.					
	Location	<u>Type</u>	Capacity in Gallons			
	Tank 1					
	Tank 2					
	Tank 3					
	Tank 4					
	Tank 5					
	Total Gallons					
	NOTE: Commingled fuels with another person using the basis and fuels delivered to a company-operated s in your inventory.					
14.	List lease, sublease, terminalling agreement or throughput w	with any storage facility operator as defined	l in the Motor Fuels Act.			
			Capacity			
	<u>Location</u>	<u>Type</u>	in Gallons			
	Tank 1					
	Tank 2					
	Tank 3					
	Tank 4					
	Tank 5					
	Total Gallons					
15.	Has applicant ever had a motor fuel license denied, suspend	led, cancelled or revoked in New Jersey or	any other jurisdiction?			
	If yes, explain					
16.	The undersigned application states (under penalty of perjuparticular.	ary) that all the information contained in	this application is true and accurate in every			
Name of Applicant		Signature of	Signature of Owner, Partner or Officer			
		Title	Date			
	All information must be p	provided before the application can be pro-	cessed.			
	The information submitted w	ted will assist this office in the processing of your request.				
	The Division of Taxation reserves the right	t to conduct a thorough investigation prior	to renewing this license.			
	Return completed application and \$150 fee	e to: MOTOR FUEL TAX, PO Box 189,	Trenton, NJ 08695-0189			
	FOR	R DIVISION USE ONLY				
Lice	ense No.	Investigation Initiated				
Effe	ective Date	Investigation Completed				
	proved	-				
Rec	commendations:					